



Application for Certified Copy of Birth Certificate
Office of Vital Records & Public Health Statistics
2600 Bull Street, Columbia SC 29201-1708

PLEASE READ BEFORE COMPLETING THIS APPLICATION

- A. Only births recorded after January 1, 1915 in South Carolina are on file.
B. The application must be signed by the registrant, parent, guardian or their legal representative.
C. **WARNING: FALSE APPLICATION IS PUNISHABLE BY LAW.** (Section 44-63-161; S.C. Code of Laws, 1976, amended Feb. 24, 1988.)
D. S.C. Law requires a \$12.00 fee for the search of the records. If located, the search fee includes issuance of one copy. If not located, search fee is not refundable. Checks and money orders should be made payable to DHEC.
E. Complete all of the information sections required on this form. **PLEASE PRINT.**

1. FULL NAME	First Name	Middle Name	Last Name (If married woman, please enter maiden surname)	OFFICE USE ONLY	
2. DATE OF BIRTH	Month	Day	Year	Year—Cert. No.	
3. PLACE OF BIRTH	County	Hospital and/or city/town	State SOUTH CAROLINA	Search 1st Date	
4. SEX	5. RACE			2nd Date	
6. FULL NAME OF FATHER	First Name	Middle Name	Last Name	Living <input type="checkbox"/> Deceased <input type="checkbox"/>	Pending Sect. C Date
7. FULL MAIDEN NAME OF MOTHER	First Name	Middle Name	Last Name Before Marriage	Living <input type="checkbox"/> Deceased <input type="checkbox"/>	D
8. WERE PARENTS MARRIED? Yes <input type="checkbox"/> No <input type="checkbox"/>		9. NUMBER OF OLDER CHILDREN BORN TO THIS MOTHER _____ NUMBER OF YOUNGER CHILDREN BORN TO THIS MOTHER _____		A	
10. NAME OF NEXT OLDER BROTHER OR SISTER, LIVING OR DEAD		DATE OF BIRTH		L	
11. NAME OF NEXT YOUNGER BROTHER OR SISTER, LIVING OR DEAD		DATE OF BIRTH		PR	
12. HAS NAME EVER BEEN CHANGED OTHER THAN MARRIAGE? Yes <input type="checkbox"/> No <input type="checkbox"/>		If so, what was the original name?		LOC	
13. PURPOSE FOR WHICH THIS COPY IS REQUESTED?				Final Disposition	
				Issue Date	
				Control Number(s)	
FEE					
14. I am enclosing \$_____ for _____ certificates as follows: Specify Number and Type Certification _____ Wallet size, short form certification — Accepted for all purposes except to establish relationship of parent to child. Does not include parents' names. Initial certification — \$12.00. Additional short form certification ordered at same time — \$3.00 each. _____ Photocopy certification — Issued only by the state office and only to registrant if of legal age (18 yrs.), parent/guardian or their legal representative. Initial certification — \$12.00. Additional photocopy certifications ordered at same time — \$3.00 each.					
15. WRITTEN SIGNATURE OF registrant, parent/guardian or legal representative DONOT PRINT _____ Your relationship to registrant: Self _____ Parent _____ Guardian _____ Other (specify) _____			OFFICE USE ONLY IDENTIFICATION SYS/36		

NAME & ADDRESS OF APPLICANT (MUST BE COMPLETED)

PLEASE PRINT CERTIFICATE TO BE MAILED TO:

PLEASE PRINT 16. NAME	PLEASE PRINT 19. NAME (If other than applicant)
17. NUMBER, P.O. BOX AND STREET	20. NUMBER, P.O. BOX AND STREET
18. CITY, STATE AND ZIP CODE	21. CITY, STATE AND ZIP CODE